

Delbert Hosemann
SECRETARY OF STATE

Candidate
Annual Report of Receipts and Disbursements
2009

Candidate's Name TRAVIS L. LITTLE
Full Address PO Box 540 Corinth MS 38835
Telephone 662-396-4299 Fax _____
Contact Name _____ Email _____
Office Sought Senate Dist 4 Political Party Republican



☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 0 + \$ <u>25.33</u>	\$ <u>25.33</u>	\$ <u>25.33</u>
Total amount of disbursements	\$ <u>5150.⁰⁰</u> + \$ <u>25.⁰⁰</u>	\$ _____	\$ <u>5175.⁰⁰</u>
Total amount of cash on hand	\$ <u>19630.59</u>		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Travis L. Little
Signature of Candidate

1-28-2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name <u>Alcorn Central Elementary School</u>		Date (Mo., Day, Year) <u>10/7/09</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address <u>Glen, MS</u>		<u>10/7/09</u>	\$ <u>250.00</u>
City, State, Zip Code <u>Glen, MS</u>		<u>10/7/09</u>	\$ <u>250.00</u>
Purpose of Disbursement (Optional) <u>Contribution for Awning</u>		Aggregate Year-to-date \$ <u>250.00</u>	
B. Full name <u>Alcorn Central Middle School</u>		Date (Mo., Day, Year) <u>10/7/09</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address <u>Glen, MS</u>		<u>10/7/09</u>	\$ <u>250.00</u>
City, State, Zip Code <u>Glen, MS</u>		<u>10/7/09</u>	\$ <u>250.00</u>
Purpose of Disbursement (Optional) <u>Contribution for Smartboards</u>		Aggregate Year-to-date \$ <u>250.00</u>	
C. Full name <u>Resource Center for Women</u>		Date (Mo., Day, Year) <u>10/8/09</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address <u>2668 S. Harper Rd</u>		<u>10/8/09</u>	\$ <u>250.00</u>
City, State, Zip Code <u>Corinth, MS 38834</u>		<u>10/8/09</u>	\$ <u>250.00</u>
Purpose of Disbursement (Optional) <u>Contribution</u>		Aggregate Year-to-date \$ <u>250.00</u>	
D. Full name <u>The Toy Store</u>		Date (Mo., Day, Year) <u>11/6/09</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>PO Box 2121</u>		<u>11/6/09</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Corinth MS 38835</u>		<u>11/6/09</u>	\$ <u>500.00</u>
Purpose of Disbursement (Optional) <u>Contribution</u>		Aggregate Year-to-date \$ <u>500.00</u>	
E. Full name <u>St. Jude Childrens Hospital</u>		Date (Mo., Day, Year) <u>11/25/09</u>	Amount of each disbursement this period \$ <u>1000.00</u>
Mailing Address <u>501 St Jude Place</u>		<u>11/25/09</u>	\$ <u>1000.00</u>
City, State, Zip Code <u>Memphis TN 38105-1942</u>		<u>11/25/09</u>	\$ <u>1000.00</u>
Purpose of Disbursement (Optional) <u>Contribution</u>		Aggregate Year-to-date \$ <u>1000.00</u>	
F. Full name <u>Christmas Basket Fund</u>		Date (Mo., Day, Year) <u>12/15/09</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>PO Box 1800</u>		<u>12/15/09</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Corinth MS 38835</u>		<u>12/15/09</u>	\$ <u>500.00</u>
Purpose of Disbursement (Optional) <u>Contribution</u>		Aggregate Year-to-date \$ <u>500.00</u>	

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Lighthouse Foundation	1/1/09	\$ 2400.00
Mailing Address		
PO Box 2121	THRU	
City, State, Zip Code	12/31/09	\$
Corinth MS 38835		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2400.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$